



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032

FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/763,836
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	June 8, 2001
410.00		First Named Inventor	Yamada et al.
		Examiner Name	D. M. Sullivan
		Group Art Unit	1636
		Attorney Docket No.	19036/37156
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number 13-2855		Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid	
Deposit Account Name Marshall, Gerstein & Borun		1051 130 2051 65 Surcharge - late filing fee or oath	
The Commissioner is hereby authorized to: (check all that apply)		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments		1053 130 1053 130 Non-English specification	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application, except issue fee		1812 2,520 1812 2,520 For filing a request for ex parte reexamination	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
to the above-identified deposit account.		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
FEE CALCULATION		1251 110 2251 55 Extension for reply within first month	
1. BASIC FILING FEE		1252 410 2252 205 Extension for reply within second month	
Large Entity Small Entity		1253 930 2253 465 Extension for reply within third month	
Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid		1254 1,450 2254 725 Extension for reply within fourth month	
1001 750 2001 375 Utility filing fee		1255 1,970 2255 985 Extension for reply within fifth month	
1002 330 2002 165 Design filing fee		1401 320 2401 160 Notice of Appeal	
1003 520 2003 260 Plant filing fee		1402 320 2402 160 Filing a brief in support of an appeal	
1004 750 2004 375 Reissue filing fee		1403 280 2403 140 Request for oral hearing	
1005 160 2005 80 Provisional filing fee		1451 1,510 1451 1,510 Petition to institute a public use proceeding	
SUBTOTAL (1) (\$)		1452 110 2452 55 Petition to revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1453 1,300 2453 650 Petition to revive - unintentional	
Total Claims <input type="text"/> - ** = <input type="text"/> Extra Claims Fee from below <input type="text"/> Fee Paid <input type="text"/>		1501 1,300 2501 650 Utility issue fee (or reissue)	
Independent Claims <input type="text"/> - ** = <input type="text"/> x <input type="text"/> = <input type="text"/>		1502 470 2502 235 Design issue fee	
Multiple Dependent <input type="text"/> x <input type="text"/> = <input type="text"/>		1503 630 2503 315 Plant issue fee	
Large Entity Small Entity		1460 130 1460 130 Petitions to the Commissioner	
Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid		1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
1202 18 2202 9 Claims in excess of 20		1806 180 1806 180 Submission of Information Disclosure Stmt	
1201 84 2201 42 Independent claims in excess of 3		8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
1203 280 2203 140 Multiple dependent claim, if not paid		1809 750 2809 375 Filing a submission after final rejection (37 CFR 1.129(a))	
1204 84 2204 42 ** Reissue independent claims over original patent		1810 750 2810 375 For each additional invention to be examined (37CFR 1.129(b))	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		1801 750 2801 375 Request for Continued Examination (RCE)	
SUBTOTAL (2) (\$)		1802 900 1802 900 Request for expedited examination of a design application	
**or number previously paid, if greater; For Reissues, see above		Other fee (specify) _____	
		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	
		410.00	
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) Sharon M. Sintich		Registration No. (Attorney/Agent) 48,484	
Signature		Telephone (312) 474-6631	
		Date June 20, 2003	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 20, 2003

Signature: (Sharon M. Sintich)